

**LOBBYING REGISTRATION FORM**

To be used for initial registrations and renewals.

Lobbyist's Registration Number

**FOR OFFICE USE ONLY**

Postmark Date: 1/19/00

Rug  
 ✓ 11/19/99  
 13815  
 11/19/99

**1020383****Instructions**

- Print in ink or type.
- Complete form and return with \$110 registration fee to the Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge, LA 70809-7017, (225) 922-1400 or (800) 842-6630.
- Initial registrations must be submitted within 5 days of (1) employment as a lobbyist or (2) first action requiring registration. Registrations expire as of December 31 unless a renewal is submitted between December 1 and January 31.

1. NAME Thibodeaux, Michael R. MI  
Last First MI2. BUSINESSPHONE 337-942-7295  
Area Code and Phone Number3. BUSINESS ADDRESS P.O. Box 1022 Opelousas, LA 70570  
Street and No. City State ZipMAILING ADDRESS P.O. Box 1022 Opelousas, LA 70570  
Street and No. City State Zip4. EMPLOYER Michael R. Thibodeaux & Associates, L.L.C.5. EMPLOYER'S ADDRESS P.O. Box 1022 Opelousas, LA 70570  
Street and No. City State Zip

6. LIST BELOW (a) Names of persons, groups, or organizations which you represent; (b) the address of each such person, group, or organization you represent; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby.

1. Name C. L. E. C. O. CORPORATION  
 Address 2030 DONAHUE FERRY RD. PINOUILLE, LA 71361-5000

Business or purpose Electric utilitiesDoes this person pay you? yes

If No, who pays you? \_\_\_\_\_

**HAND DELIVERED**

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2. Name Michael R. Thibodeaux & Associates, L.L.C.

Address P.O. Box 1022 Opelousas, LA 70570

Business or purpose Legislative Consultant

Does this person pay you? Yes

If No, who pays you? \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

4. Name \_\_\_\_\_

Address \_\_\_\_\_

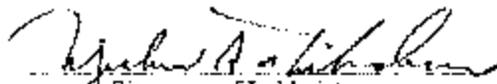
Business or purpose \_\_\_\_\_

Does this person pay you? \_\_\_\_\_

If No, who pays you? \_\_\_\_\_

### CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.

  
Signature of Lobbyist

ATTACH  
2" x 2"  
PHOTOGRAPH  
HERE  
FOR  
INITIAL  
REGISTRATION  
ONLY